

## Kalispell Public Schools Direct Deposit Form

### DIRECTIONS:

1. Submit this form to the Payroll Office by the end of the month prior to the effective date to ensure the direct deposit/deduction will be included on your paycheck on the 10<sup>th</sup> or the 15<sup>th</sup> of the following month. Retain a copy for your records.
2. Deductions will be withheld during your payroll months unless designated otherwise.
3. **Staple voided check(s) to this form**

### EMPLOYEE INFORMATION:

Full Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Social Security # (last four digits for verification purposes): \_\_\_\_\_

How would you like to receive your W2 forms? *Electronic* ☐ *Paper* ☐

### DIRECT DEPOSIT:

YOU MAY CHOOSE UP TO THREE ACCOUNTS FOR DIRECT DEPOSIT. WRITE 'ALL' IN THE \$\_\_\_ LINE IF ONLY USING ONE ACCOUNT, OR SPECIFY AN AMOUNT IF SPLITTING BETWEEN 2 OR 3 ACCOUNTS AND WRITE 'REMAINDER' IN THE 2<sup>ND</sup> OR 3<sup>RD</sup> ACCOUNT.

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type: Checking or Savings (**Circle One**)

\$ \_\_\_\_\_ Per Month ☐ Start ☐ Stop

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I authorize you and the indicated institution to deposit the designated amount above into my account or reverse transactions made in error. This authority will remain in effect until I give written notice of cancellation.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_